



Personal Professional and interpersonal Practice

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" Take the time to reflect quietly on the past now, than to regret your future actions later in an outrage."



Table of Content

INTRODUCTION	2
DESCRIPTION	4
FEELING	7
EVALUATION	9
ANALYSIS	10
GIBBS CONCLUSION	11
PLAN OF ACTION	12
CONCLUSION	13
REFERENCES	14

Introduction

Wubbels(Corporation, 2017), a nurse, was arrested and handcuffed. She was on duty and opposed to the police taking a sample of blood from an unconscious patient in her care in Utah; she gained half a million in compensation.

Clayton(Gearty, 2018), a nurse, poisoned her husband, her case is pending. Shipman (2018e)a physician murdered 250 patients and forged one patient will. He spent his life in prison.

Socrates(2018c), the first ethicist of Greece, was sentenced to death by a jury to drink the hemlock. These people have ethical problems. This assignment pertains to moral and ethical inconsistencies.

Ethics(University, 2018)a guiding philosophy, is an umbrella term with the broadest scope. Morals are the building blocks making the fabric of conscience. Conscience drives behavior. Morals are agreed upon by consensus and convention. They govern moral choices that result in virtuous or vicious behavior.

Since I selected the Gibbs model, Gert, Beauchamp, and Childress moral theories, I searched the Web to explore Gibbs, Gert, Beauchamp, and Childress ideas. However, the Gibbs model (eln_io, 2016) is one among many frameworks available, for example, John's, Smyth's, Zarezadeh's, Mezirow's, and Borton's are examples.

The search uncloaked the substructure of the Gibbs model. Where W.James, J.Dewey, K. Lewin, J. Piaget, C. Rogers, L. Vygotsky, C. Jung, P. Freire, and M. P. Follett established the groundwork for the Kolb model. The Gibbs model was built upon the framework of Alice, and David Kolb (Kolb and Kolb, 2017) and the foundation of ethical theories stretched back to Socrates 543 BC.

However, morality was depicted years before in the epic of Gilgamesh (ahencyclopedia, 2018b)and the life of Confucius (ahencyclopedia,

2018a)about 5000 years ago. Morals, family, wisdom are the humanistic threads of Confucianism.

Most of these academicians and thinkers (2018a)were ethically bound to do something productive. They identified problems with tutelage, behavior, and learning; crafted and forged the theories of instructions and practice according to the dictate of their conscience and reason. They internalized the problems and came up with solutions which they believed were just.

Then, they adjusted the landscape of education by reshaping and reinventing the teaching methods of passing on knowledge opening the roadmap to the future leading to theorizing about learning from day-to-day life and of analyzing ethicality. Objective evidence from their researches pioneered modern reflective practice. The moral framework I used originated in the works of Beauchamp and Childress (Beauchamp and Childress, 1994)and their 40 or so years of work on ethicality. Their books were instrumental in shaping the morals and professional code of ethics worldwide.

My goals and objectives shall be to have a firm grasp of ethics, to demystify the actions of professionals challenging consensual, accepted, written codes of practice.

Such reflections will clarify the laxity of some practices. Using Gert's theory of common morality as a starting point; I hope to probe the murky waters of morals. I also hope to appreciate the four basic premises of Beauchamp and Childress, viz. Non- maleficence, Beneficence, Justice, and Autonomy(bmc_series, 2012

The reflections should structure my character with the motifs of sound moral standards. It may improve my potential to care, my moral integrity, my methods and my share of the burden of dilemmas, predicaments, and

quagmires that peppers the health sector, and life. It should also transform civility in today's uncivilized world.

Description

A professional who was not on the register conducted an intervention; he knew very well; he was not supposed to go forward with the instructions from the surgeon, the codes and guidelines of the department and registration bodies (info@url.cz and e, 2018) were explicit. It was forbidden.

So, the conduct of public businesses satisfies a Common Morality, the services provided agree in fairness to both parties, the provider, and the client. In this case, the patient should get a registered practitioner. The organization should provide one; Equity did not occur.

Nonetheless, the unregistered surgeon believed in exceptions to long-standing rules.

In this case, he recalled the registered surgeon mentioning that he had a patient life to save; he agreed with the surgeon that the saving of this patient life was only doable by his colleague skills and experiences. So, he took the burden on his shoulder; he went against organizational rules and accepted conventions.

He decided on the moral postulate of the ultimate good, the most good. It is an example of Utilitarianism (Driver, 2009). The pre-registered surgeon did all the training stipulated by the book; he passed all the exams. He was in the process of completing his registration, and he knew what to do for a biopsy; he felt capable; he was physically fit. He did not dissuade himself on the code of conduct of his profession; he proceeded with the biopsy on hand and succeeded.

These were the consequences. He broke a rule. According to the medical report, the patient died during the intervention of natural causes.

The person autonomy (bmc_series, 2012) was respected, he signed a contract after he understood all the clauses in the contract, he and his wife knew the procedure. They were not bulldozed into the consent.

Advanced beginners (mikepegg, 2013) are more immersed in the minutiae of the setup, the people and the equipment. I was absorbed in the details and, overloaded with information, resulting in diminished learning effectiveness. All learners explore first the people, the implements and the environment before moving on to rules that lead to competency as described by Dreyfus (Dreyfus and L. Dreyfus, 1980) in their research paper.

At this point, my convictions, my conscience (Beauchamp and Childress, 1994 p475) was unclouded that this procedure was beneficent because it was intended to rule out a neoplasm. That was a justifiable intention. The delayed diagnosis and treatment of cancer were only harming the patient. The consequence was that malignancy would become more challenging to treat. But actions based on conscience can often be erroneous according to Thomas Hobbes (2018d).

So, these events took most of my attention. I wanted to become proficient with practice, but at that time I was far from being competent. I may not have been competent, but I was able to participate in the team effectively. For that day my agenda did not include mortality. I was not expecting a death. It came without warning, caught me unprepared and I was devastated.

The surgeon detailed for the biopsy delegated the task to a pre-registered surgeon. The death bemused him. He was in breach of moral conduct too, and professionally he was wrong. However, the ethicalities were right. Professor Bernard Gert (Bond, 2000), a leading proponent of Common Morality would concur. According to him, a common Morality is a public system that everyone uses where actions are justified.

The duties of a registered nurse can only be delegated to another registered nurse as defined in the code of conduct of the nursing council(2018b). We carried out the plan of action on a trolley as an unwritten convention. The named surgeon did not come because he had a more lucrative surgery to do in a private clinic.

Those events lingered on my mind that Monday stretching deeper into the night and waking me up in my restless slumber and next morning coffee tasted bitter, and the toasted bread was hard to swallow.

We could have said no to the trolley. It was against nursing protocol against common sense. However, our conscience dictated. The patient needed a biopsy done to exclude lung cancer. Urgency then was the keynote. It was imperative and urgent to proceed with the biopsy.

In an ambulance, a trolley is suitable for procedures. Why not do it on a trolley? The beneficence for the client justifies the means, playing God or Doing Good(James, 2018), we must decide. Moreover, it has been done before. There was no maleficence schemed. The persons to benefit were the patient and his family.

However, the allocation of resources should abide by ethical principles mentioned by Beauchamp and Childress that of deontological justice(Steup, 2005)being truthful and confidential and abiding by Common Morality. In this case, a laminectomy requires an Operating Theatre. So, in balancing the ethical situation, we did the biopsy on a trolley outside the operating theatre and the laminectomy inside the operating theatre. That decision was right.

Normative ethics determined the standards of professional conduct; consequently, there are exceptions to rules. The ethical decision to make was based on a balancing act. If it were for the better, then the consensus would agree to the exception, and the ethical committee would deem that ethically right, but the quality department would say it was commercially

wrong because the client was entitled as a constitutional right to have the best of care not lesser care according to business law.

We decided to go against protocols though, and we ruled out non-maleficence, one of the 4 principles of ethics. These are Non-Maleficence, Beneficence, Respect for Autonomy, and Justice. They are the necessary components of Common Morality in both Gert and Beauchamp with his long-time colleague Childress theses(bmc_series, 2012).

Feeling

I felt jittery. It happened to be a usual Monday except that I had little time in the Operating Theatre. Emotion is a key to learning. Today there is much talk on emotional intelligence and its usefulness. Is the learner emotionally ready? Moreover, Bloom taxonomy(VanderbiltU, 2010) includes the affective domain.

As soon as the trolley was ready, apprehension subsided. The biopsy was straightforward compared to other surgeries. The Doctor did this often. He became an expert.

The registered doctor failed to attend his patient needs. He asked a colleague to do it for him. The colleague accepted to breach the medical code of conduct. He must have seen the urgency of the situation. Else, he would have strongly objected. He made an ethical decision for the benefit of the patient. He felt pretty-good with that decision.

This change in schedule brewed worries because of its grave nature. I was anxious. Since a biopsy was a more straightforward procedure, even a pre-registered practitioner would do it quickly. The doctor donned the gown; I wiped the surgical area with Betadine solution. Gloves on he inserted the trocar in and withdrew it in a few seconds. He got the

specimen. He put it in an aseptic container. Soon after the man breathed unusually loud.

The blood pressure reading on the cardiac monitor dropped. There was no pulse. Breathing disappeared. I was afraid. I panicked. Just then, the anesthetist burst in.

The anesthetist gave air with the Ambu bag. I started CPR 32:2. The patient did not respond, and the doctor gave a shot of adrenaline with no reaction followed by another one still no response. We continued the CPR but with no effect; we tried the defibrillator without success. I was distraught and upset. The man died on the trolley. No efforts of ours could save the poor man's life.

Rethinking the predicament did not make us feel right. The sudden death spiked my cortisol level. A person succumbed, and that provided an antecedent for worries. Because we did not know what brought the demise of the patient, was the needle, or the surgeon instrumental in the death or was the nurse the causative agent?

Usually, work circumstances bottled up feelings. After the incident, I was trying to find relief from the tension that surfaced during the crisis. In any organization, rules for the expression of emotion abounds.

We have a moral responsibility to our self and professional responsibility to the patient and the organization. There are times when we have to pretend to be happy and to smile for the sake of the organization and the client and this hurt our deepest feelings and our sense of honesty and truth. "-Don-t you dare lie to me-! " my conscience screamed. Too often, we morally corrupt our true self, for the sake of money and prestige, with pretense and deceit.

Research demonstrated that the falsification of emotional responses is associated with adverse long- and short-term effects(Hopp et al., 2010). We

incur a debt to our true self that debt will be extracted from us in terms of emotional instability later. Therefore, it is essential that we employ emotional intelligence at work to cope with the inconsistency of affect. So, we can avoid disharmony of emotion with the truth. "The truth will heal you, for I am the truth," said the Lord.

In this case, the moral integrity of the registered surgeon was questionable; he made a lot more money on the other operation the accountant would say, but the ethicist would disagree. Both patients got a service. On the other side, he saved a life. On this side, his colleague was unlucky to have an unexplained death. The procedure was successful.

Evaluation

As I evaluated the incident, the agreeable and the disagreeable aspects, the ethics became prominent. Beauchamp, a scholar in his book, stated that ethics should elucidate behavior (Beauchamp and Childress, 1994 p3). The ethics committee would condone this procedure once. The patient benefited from the intervention.

Also, the evaluation put the incident in perspective and defined the overall result. It is essential to understand that as I hurdled over these stages of learning, novice, competence, proficiency, expertise, and mastery, I was in a learning process. Theorized on these stages, it is clear I cannot be an expert without first starting as a novice, progressing to expertise and having an idea of universal morality, the application of ethics in decision making and of doing a biopsy.

In that session the accessories, surgical instruments were in working order; the nurses qualified to set them up following procedural codes of practice, nothing was neglected. It was a standardized nursing procedure. Moreover, the patient happened to be fine before the procedure started. The specimen collection happened to be perfect. These were positive aspects of the incident. Learning psychomotor skills, understanding the

rules for setting up trolleys and knowledge of the sequence that was expected to achieve the task successfully were enhanced.

However, not everything was as expected though. Since the patient died, the laboratory result ended up as statistics and a new death on the register of the dead.

Before the intervention, one surgeon changed place with another. The procedure was done on a trolley. A young child lost her father forever. The happy wife changed into a grieving widow. As these events turn the life of the family adrift, the services should indemnify to justify, but for whatever indemnity value their losses can never be replaced.

The justification was not equal to indemnity. It has legal, religious and ethical meaning(Beauchamp and Childress, 1994 p13). For many, an esteemed colleague and a friend have gone. A mother has lost a son. It was a sad day.

All this weighed heavily and adversely on the family. Rules and protocols were broken and for what sake. The patient died.

Analysis

If done in an Operating Theatre, the conditions might have been better for working, but would not prevent death from occurring altogether. The procedure was successful. However, the death was not preventable. It was hard to inform the wife and daughter waiting for the husband and the father.

As nursing occurs in a learning organization that nurtures stages of competency, and that performance improves with practice. Very often a nursing student could not do an intramuscular injection. Then after practice competency is achieved. If work is done on a trolley, the condition is not good. However, doing work on a trolley can improve your skills to be part of the ambulance team.

Environmental conditions boost productivity, morale, and quality of work(Chan and Chan Yiong, 2004). Nevertheless, we performed a protocol that was accepted but not written in the book at that time and not in line with current practice.

"Who shall live when not everyone can live?"(Beauchamp and Childress, 1994 p365) epitomizes the problem. The operating theatres were reserved for major surgeries, nephrectomy, and laminectomy, so we did the procedure on a trolley. As a result of lack of resources, the decision was made to do a trolley procedure unconventional but acceptable and an exception to the rules.

If we had a rescheduling that would avert the procedure being done by a pre-registered surgeon or at least done with the supervision of a registered surgeon.

The successful biopsy produced an excellent specimen. A patient died. In Chan research, he described that death is most distressing for nurses and doctors(Chan and Chan Yiong, 2004). A wife lost her husband. A young girl lost her dad. Many mourned their dead friend. Relatives were not happy. An excellent skillful employee lost his life. Grief counseling became a necessity; State funds were required to indemnify and do justice, an economically justifiable plan of action.

Family support from the religious organization helps during grieving, Elizabeth Kubler Ross cycle supports in the grieving process(Dugan, 2004)

Gibbs Conclusion

Gibbs conclusion summarizes these takeaways. It organized my thinking processes and elucidated my ideas about the events that

unsettled my day. The structure of the model allowed me to look at the organizational, ethical, professional aspect of the work logically.

The issues arising out of this incident were emotional frailties, legal and professional accountability, moral rectitude, conscience, universal morality, inter-disciplinary relationship, nursing, and medical protocols. Also, code of conduct, justice, beneficence, non- maleficence, autonomy, utilitarianism, bereavement, state funding, one parent family and, family and child support were issues in this reflection.

In the action plan, some of them shall be addressed.

Plan of Action

Issues:

- An unregistered surgeon did a surgical intervention without supervision. A pre-registered surgeon had all the training stipulated by law. Still, the pre-registered surgeon was a novice in practice and was not on the register of surgeons who may practice their art. He made an ethical decision.
- A procedure was done on a trolley, I did not like the idea, but my conscience got the better part of me. It is inconceivable that in a hospital, a patient should receive a surgical intervention on a trolley. There are standards that hospitals are legally bound to provide that the client expect. These laws are for safety. A time slot could be arranged in a theatre or the procedure rescheduled.
- A young girl lost a loving father. That was perhaps the most challenging part. Comfort is useful at this time. It is known that children get over their problems much more comfortably than adults do. There was no beneficence.
- A mother became a single parent. She may find another person coming into her life. The memories of her husband and the father of her child will never wane off. There was no beneficence.

Conclusion

In conclusion, reflections unraveled some intricacies of human dynamics.

The various parts in Gibbs paradigm organized my thinking process and clarified my ideas.

I achieved at least one of my objectives set at the beginning of the essay. I learned about the reflective practice and its usefulness in elucidating the complexities of work situations, about universal morality, and deontology. It provided ways to identify problems and imagine constructive solutions that may be tried and tested. It made prominent morals, behavior, and ethics.

I found out about the research of Beauchamp, Bloom, Dreyfus and Kolb and the concept of the bloom taxonomy that defines areas such as affective, cognitive and psychomotor. It has clarified my ideas about Morality. It motivated contemplation on the organization and regulations used at work, and it provided a means to discover the origin of codes of conduct, organizational rules, and moral principles.

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